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Traumatic Deafness.

BY

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ASSISTANT SURGEON, NEW YORK EYE INFIRMARY.

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## TRAUMATIC DEAFNESS.

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SEVERAL years ago a case of traumatic deafness was treated. Both drum membranes were ruptured by an explosion of dynamite. The tuning-fork test showed symptoms of nerve deafness. Treatment consisted in careful cleansing of the middle ear, politzeration, and the use of general tonics. A successful effort was made to prevent the margins of the perforations from becoming adherent to the promontory. The patient's hearing became more acute than before the injury, possibly from the fact that the cicatrix tightened the drum membrane. A number of other persons injured at the same time by the explosion to about the same degree, not treated, did not recover their hearing. Of the following cases reported, Case VI was the only one to receive treatment, and was the only one which was observed to end in recovery. Cases of traumatic deafness with rupture of the drum membrane need immediate treatment. Methods of treatment which are beneficial in middle-ear disease from catarrhal inflammation are beneficial in traumatic deafness. Politzeration early in the treatment may not benefit, but will improve the hearing after the drum membrane has healed.

The following cases are interesting, as showing the variety of injury capable of causing deafness. All were in dispensary patients :

CASE I.—J. G., aged eighteen years, was kicked by a horse on the end of his chin. He was unconscious ten minutes. The injury occurred June 22, 1891. The patient was seen the next day. Both drum membranes were ruptured. The left ear bled all night. A clot fills the left external auditory canal. Ears pain on swallowing. Right, watch,  $\frac{2''}{48''}$  ; left, watch heard only on contact.

CASE II.—C. B., aged thirty-five years, fell from a ladder in December, 1891, and struck the back of his head. Sudden deafness, complete in both ears, occurred immediately. Three days later hearing returned partially in the right ear. March 31, 1892, the patient came to the dispensary. Drum membranes of both ears are sunken, pale-yellow in color ; the malleus handle is red, prominent, not displaced forward or backward. Tinnitus is complained of in both ears, and it is worse in the right ear, which is the ear with the better hearing. There is an appearance of a cicatrix in the lower portion of both drum membranes (healed traumatic rupture of the membranes?). During inflation air rushes through the Eustachian tubes and produces a sound like the sound of a dry tube opening and allowing air to enter. Paralysis of the seventh nerve on the left side, but it is not complete. Right, acoumeter,  $\frac{6''}{100'}$  ; left, acoumeter, 0. After inflation, right, acoumeter,  $\frac{8''}{100'}$  ; left, acoumeter,  $\frac{c}{100}$ .

The case is interesting from the fact that inflation improved the hearing.

CASE III.—R. S., aged forty-seven years, fell down stairs. There was a discharge of blood at the same time from both ears. Collar bone was broken. Tinnitus began at once.

*December 12, 1891, six weeks after the injury, presented*



himself for treatment. Both drum membranes healed with the appearance of a cicatrix in the posterior portion of each drum membrane. The patient complains of dizziness. The tinnitus is still annoying. Ordered tincture of iron, 3 ss., three times a day.

*December 22d.*—He has less dizziness.

*December 29th.*—Right, watch,  $\frac{4''}{48''}$ ; left, acoumeter,  $\frac{1''}{100'}$ .

Politzeration improves the hearing of both ears.

CASE IV.—J. L., aged twenty-six years. While loading a truck on August 1, 1892, a barrel fell against his head. He came to the dispensary three days later complaining of deafness. Right drum membrane has a circular perforation below the apex of the malleus handle. There is a slight bloody discharge from the right ear. The left drum membrane is congested; it is not ruptured. Right, acoumeter,  $\frac{2'}{100'}$ ; left, watch,  $\frac{6''}{48''}$ .

CASE V.—W. D., aged sixty-two years, was seen November 1, 1892. During the War of the Rebellion, while standing near the muzzle of a gun at the time of its discharge, he felt a sudden pain in his right ear, which seemed to go through his head to his left ear. The right ear was deaf from that time. He noticed no discharge from either ear. Right, watch heard on pressure against the ear. Left, watch,  $\frac{12''}{48''}$ .

CASE VI.—F. V., aged twenty-two years, while bathing, August 19, 1893, was struck on the left side of his head by the shoulder of a companion diving from a height of about six feet. The left ear immediately discharged fluid and blood. About an hour after the injury he noticed tinnitus which continued without intermission.

*August 22d.*—The patient began treatment. Right ear is normal. The left ear hears watch,  $\frac{2''}{48''}$ . The left drum membrane is perforated in the posterior inferior quadrant. There is considerable redness and swelling of the drum membrane.

Ordered syringing with warm saturated solution of boric acid.

*September 5th.*—The drum-membrane perforation has healed. Left, watch,  $\frac{6''}{48''}$ ; Politzeration did not improve the hearing.  $\mathcal{R}$  Ung. flav., gr. xx- $\frac{3}{4}$  j, to be applied in the external auditory canal.

*September 19th.*—Left, watch heard at 3''. After politzeration the hearing improved to 5''. There is now no tinnitus.

*September 23d.*—Left, watch,  $\frac{6''}{48''}$ . Politzeration did not improve the hearing.

*October 3d.*—Left, watch,  $\frac{20''}{48''}$ ; after politzeration the hearing improved to nearly normal. The tinnitus has not returned. Hearing for conversation seems good.

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